



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		NANCY AGOSTINE					
Street Address		8241 CURTIS ROAD					
City	ERIE	State	PA	Zip Code	16509		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10-23-17	11-27-17	
A. Amount Brought Forward From Last Report	\$	762.42	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1000.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1762.42	
D. Total Expenditures (From Schedule III)	\$	900.01	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	862.41	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	774.00	

2017 DEC -7 PM 12:19
ERIE COUNTY
VOTER REGISTRATION

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

7TH day of DECEMBER 20 17

Signature

My Commission expires 04 16 2018
MO. DAY YR.

Signature of Person Submitting report
NANCY AGOSTINE
Printed Name
814 490-7123
Area Code Daytime Telephone Number

Part II- If this is a Pennsylvania Authorized Committee, candidate shall sign here.

I swear (or affirm) of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

MICHELLE NESSELHAUF
Notary PublicSworn to and subscribed before me
My Commission Expires Apr 16, 2018

day of 20

Signature

My Commission expires
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	500.00
Total for the reporting period	(2)	\$	500.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	500.00
Total for the reporting period	(3)	\$	500.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	1000.00

PART A
Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number																			
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												Amount						
Full Name of Contributing Committee												Date [MM/DD/YYYY]		\$				
House #				Street Address								Date [MM/DD/YYYY]		\$				
City						State				Zip Code				Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee												Date [MM/DD/YYYY]		\$				
House #				Street Address								Date [MM/DD/YYYY]		\$				
City						State				Zip Code				Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee												Date [MM/DD/YYYY]		\$				
House #				Street Address								Date [MM/DD/YYYY]		\$				
City						State				Zip Code				Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee												Date [MM/DD/YYYY]		\$				
House #				Street Address								Date [MM/DD/YYYY]		\$				
City						State				Zip Code				Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee												Date [MM/DD/YYYY]		\$				
House #				Street Address								Date [MM/DD/YYYY]		\$				
City						State				Zip Code				Date [MM/DD/YYYY]		\$		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor		JOSHUA M. PORRECO		Date [MM/DD/YYYY]	10-30-17	\$	250.00
House #	6032	Street Address		FOSSILWOOD CT		Date [MM/DD/YYYY]	\$
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor		JASON M. PORRECO		Date [MM/DD/YYYY]	10-30-17	\$	250.00
House #	4386	Street Address		STONECREEK DR		Date [MM/DD/YYYY]	\$
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
GREGORY & LISA RUBINO					11/3/2017			500.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
520	ELIZABETH CANE							
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
ERIE	PA	16506						
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter
on Page 1, Report Cover Page, Item F)

\$

0

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		A. DUCHINI INC / ACE HARDWARE			Date [MM/DD/YYYY]	\$	14.60
House #	2550	Street Address	McKINLEY AVE. P.O. Box 10005		Description of Expenditure PAINT FOR SIGN BASE		
City	ERIE	State	PA	Zip Code	16514		

To Whom Paid		PRINTING CONCEPTS			Date [MM/DD/YYYY]	\$	409.63
House #	4982	Street Address	PACIFIC AVE.		Description of Expenditure POSTAGE FOR MAILER		
City	ERIE	State	PA	Zip Code	16506		

To Whom Paid		LOWES			Date [MM/DD/YYYY]	\$	25.44
House #	430	Street Address	KEYSTONE DR.		Description of Expenditure WOOD FOR SIGN BASE		
City	ERIE	State	PA	Zip Code	16509		

To Whom Paid		PRINTING CONCEPTS			Date [MM/DD/YYYY]	\$	200.34
House #	4982	Street Address	PACIFIC AVE.		Description of Expenditure DOOR TO DOOR HANDOUT		
City	ERIE	State	PA	Zip Code	16509		

To Whom Paid		DARREN NESSELHAUF			Date [MM/DD/YYYY]	\$	250.00
House #	8251	Street Address	HAYOT ROAD		Description of Expenditure REIMBURSE FOR SIGN PROGRAMMING (\$125.00 X 2)		
City	ERIE	State	PA	Zip Code	16509		

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

Name of Creditor		PRINTING CONCEPTS				Outstanding Balance of Debt	
House #	4982	Street Address	PACIFIC AVE.		DATE DEBT INCURRED [MM/DD/YYYY]	\$	774.00
City	ERIE	State	PA	Zip Code	16506		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							